

Certified Animal Control Agency Annual Renewal Form

FOLLOW THESE INSTRUCTIONS AND FILL IN ALL BLANKS:

- TO BE COMPLETED BY ALL DESIGNATED ON-SITE MANAGERS (Please Print):**

Agency Name: _____ License Number: _____

Address: _____

Street or Box Number	City	State	Zip
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Name of Designated On-Site Manager of the Shelter _____

Office Phone Number:

Has the Drug Enforcement Administration (DEA) taken any action against your DEA registration?

- (The Reverse Side of This Form Must be Completed)**

Please mark the appropriate box:

- ☐ Currently on Active Status. (Renewal fee required)
- ☐ Requesting Termination. (Renewal fee not required)

I hereby swear or affirm under the penalties of perjury, that the statements made in this application are true and complete. Signature required for processing. Forms not signed will be returned and subject to late penalties if not returned by the deadlines stated.

Signature:

Date:

**THIS RENEWAL FORM IS THE ONLY NOTICE YOU WILL RECEIVE
CONCERNING RENEWAL**

AUDIT REVIEW - FOR BOARD MEMBER USE ONLY

Application Approved by: _____

Date: _____

Application Denied by: _____

Date: _____

Resubmitted for review -- Approved: [] Denied: [] By: _____ Date: _____

Comments: _____
